Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
11.01111	OKINOTEKIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Femperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	14.6	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
ΡΗ	SAMPLE MEASUREMENT	****	****	****	6.96	****	7.63	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.59	19.47	lb/d	****	1.25	1.6	mg/L		Weekly	COMP2
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP2
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	125	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	ug/L		Weekly	COMP2
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP2
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP2
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP2
ead, total recoverable	SAMPLE MEASUREMENT	.3675	.7339	lb/d	*****	39	60.3	ug/L		Weekly	COMP2
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP2

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

(208)682-5578

AREA Code

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

1/16/201

^{*} O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>= 3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

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PERMIT NUMBER	DISCHARGE NUMBER				
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DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0251	.031	lb/d	*****	1	2.55	ug/L		Weekly	COMP24
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.67	3.17	cfs	****	****	*****	*****		Daily	MEASRE
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	8	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

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Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Corey Millard/ General Manager

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ID0000027	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
10/01/2016	10/31/2016				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	3.605	13.35	cfs	****	****	****	*****		Daily	RCDFLO
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	the information, the information submitted is, to the best of my knowledge and belief, true,	Mattnew Drews	TELEPI	DATE	
Tooley William an Content Mariager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682	2-5578	1/16/2016
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	10.4	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.91	****	7.96	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	13.61	25.95	lb/d	*****	5.65	7.2	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	203	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1357	.3143	lb/d	*****	55	87.2	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	he information, the information submitted is, to the best of my knowledge and belief, true,	Matthew Drews	TELEPI	DATE	
Soloy William az Contoral Wallager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violatings.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682	2-5578	1/16/2016
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0223	.0375	lb/d	****	10	16.8	ug/L		Weekly	COMP24
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.408	1.062	cfs	****	****	****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	****	70	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEPI	HONE	DATE
corey minarar constantinanage.	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682	2-5578	1/16/2016
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	108.4	276.79	cfs	*****	****	****	*****		Daily	RCDFLO
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	13.5	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
Ho	SAMPLE MEASUREMENT	****	****	****	7.16	****	7.37	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	17.37	24.08	lb/d	*****	1.65	2.2	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	162	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.1906	.472	lb/d	*****	19	48	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0019	.0081	lb/d	****	.2	.83	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.5264	.8558	lb/d	*****	39	87.4	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Matthew I rews	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682-5578		2/20/2010
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Due to the large amounts of runoff and rainfall during the month of November Lead numbers for this outfall were above the permit allowance. Various time throughout the month the amount of coagulant was increased substantially. After contacting the company that producing the coagulant a flocculant was recommended and was added to the ponds in December. Results are still pending.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0134	.075	lb/d	*****	1	2.2	ug/L		Weekly	COMP24
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.67	3.17	cfs	****	****	****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	31	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Matthew Drews

TELEPHONE

DATE

(208)682-5578

2/20/201

AREA Code

NUMBER

MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Due to the large amounts of runoff and rainfall during the month of November Lead numbers for this outfall were above the permit allowance. Various time throughout the month the amount of coagulant was increased substantially. After contacting the company that producing the coagulant a flocculant was recommended and was added to the ponds in December. Results are still pending.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Corey Millard/ General Manager

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	CODING DEDICO
IVIOIVII	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	tox chronic		Quarterly	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	7.45	27.7	cfs	*****	****	****	*****		Daily	RCDFLC
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

(208)682-5578

AREA Code

2/20/201

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							

11/30/2016

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	14	ug/L		Quarterly	COMP24
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

11/01/2016

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682	2-5578	2/20/2010
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
IVIOIVI	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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cerey williara, cerierar wanager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)68	2-5578	2/20/2016
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O<48 cfs, P>=48 to <109 cfs, Q>= 109 to <379 cfs, R>=379 to <649 cfs, S>=649 cfs

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

11	00000027		002-A				
PERI	PERMIT NUMBER DISCHARGE NUMBEI						
	MONITORING PERIOD						
М	M/DD/YYYY		MM/DD/YYYY				
	11/01/2016	l	11/30/2016				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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TYPED OR PRINT	TED	and imprisonment for knowing the possionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
	7 [
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEPHO	IONE	DATE
Ser ey ivillar az certer ar iviariager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682-	-5578	2/20/2016
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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
11101111	OKING FLKIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	12.1	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.16	****	7.37	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25.93	46.25	lb/d	*****	2.8	5	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	176	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.0139	.0695	lb/d	*****	2	7.51	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0004	.001	lb/d	*****	.0416	.105	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.2254	.4718	lb/d	*****	25	51	ug/L		Weekly	COMP24
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

(208)682-5578

AREA Code

)1/18/201

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2016 12/31/2016

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0055	.0134	lb/d	****	1	1.45	ug/L		Weekly	COMP2
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.72	1.92	cfs	****	****	*****	*****		Daily	MEASRE
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	MEASRD
. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	****	33	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

(208)682-5578

AREA Code

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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)1/18/201

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	*****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	2.406	5.14	cfs	*****	****	*****	*****		Daily	RCDFLC
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

(208)682-5578

AREA Code

)1/18/201

^{*} O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>=3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
			.66	lb/d	*****	32	88	ug/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DATE Matthew Drews direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Corey Millard/ General Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)682-5578)1/18/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was little to no flow recorded coming out of this outfall during the month of December

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
12/01/2016	12/31/2016							

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was little to no flow recorded coming out of this outfall during the month of December

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)682-5578

AREA Code

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)1/18/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEPI	HONE	DATE
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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was little to no flow recorded coming out of this outfall during the month of December

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027		001-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITO	RIN	G PERIOD					
MM/DD/YYYY		MM/DD/YYYY					
· · · ·							

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	10.6	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.03	*****	7.45	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	43.94	78.68	lb/d	*****	5.15	10.2	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	138	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.0735	.2268	lb/d	*****	9	29.4	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0037	.0345	lb/d	*****	.4	4.2	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.5828	2.1347	lb/d	*****	66	218	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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Soloy Williams Content Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)68	2-5578)2/20/201
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Lead and Cadmium levels are high due to tailing spill that was washed into pond on January 8th. Incident was reported on EPA hotline January 9, EPA made no follow-up inquiry. On 1/5/17 and 1/12/17 grab samples were taken to extreme cold freezing sampling tubes.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
TUOM	CODING DEDICE
IVIOINTI	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0125	.0609	lb/d	****	1	6.22	ug/L		Weekly	COMP24
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.64	1.82	cfs	****	****	****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	****	920	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Mattnew Drews	TELEPI	HONE	DATE
Corey William ar Conteral Wallager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682	2-5578)2/20/201
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Lead and Cadmium levels are high due to tailing spill that was washed into pond on January 8th. Incident was reported on EPA hotline January 9, EPA made no follow-up inquiry. On 1/5/17 and 1/12/17 grab samples were taken to extreme cold freezing sampling tubes.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
THO ME	00,000
MONT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	1.162	1.9	cfs	****	****	****	*****		Daily	RCDFLC
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI E				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Lead and Cadmium levels are high due to tailing spill that was washed into pond on January 8th. Incident was reported on EPA hotline January 9, EPA made no follow-up inquiry. On 1/5/17 and 1/12/17 grab samples were taken to extreme cold freezing sampling tubes.

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

(208)682-5578

AREA Code

)2/20/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER		DISCHARGE NUMBER			
MONITO	RIN	G PERIOD			
MM/DD/YYYY	MM/DD/YYYY				
01/01/2017		01/31/2017			

DMR Mailing ZIP CODE: 83873

MAJOR

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

(SUBR 01)

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	3.4	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.91	****	7.4	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3.5077	9.0255	lb/d	****	2.15	2.8	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	202	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.023	.0621	lb/d	*****	8	17	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0004	.0013	lb/d	****	.1	.4	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1233	.4375	lb/d	*****	43	115	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEPI	HONE	DATE
corey williara, concrai wanager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682	2-5578)2/20/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Lead busted limits due failure of reagent pump tube. Pump was repaired.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0276	.0809	lb/d	*****	11	21.5	ug/L		Weekly	COMP24
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.317	.697	cfs	*****	****	*****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	14	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE Matthew Drews direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Corey Millard/ General Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)682-5578)2/20/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR information, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Lead busted limits due failure of reagent pump tube. Pump was repaired.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT(ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	84.3	89.87	cfs	*****	*****	****	*****		Daily	RCDFLO
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682	2-5578)2/20/201
TYPED OR PRINTED	anomaton, neutring the possibility of the raid imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Lead busted limits due failure of reagent pump tube. Pump was repaired.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****	*****	****	10.6	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.23	****	7.5	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	46.83	113.32	lb/d	*****	4	8	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	121	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.044	.0925	lb/d	*****	4	10	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.3576	.7327	lb/d	*****	34	79.2	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)682-5578

AREA Code

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)3/20/201

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0192	.0442	lb/d	****	1	3.1	ug/L		Weekly	COMP24
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 R 0 Gee Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 S 0 Gee Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	2.39	2.962	cfs	****	****	*****	*****		Daily	MEASRE
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	MEASRE
. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	33	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

(208)682-5578

AREA Code

)3/20/201

 $^{^{\}star}$ O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>= 3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	****	*****	0	tox chronic		Quarterly	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	14.16	41.73	cfs	*****	*****	****	*****		Daily	RCDFLO
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEP	HONE	DATE
cerey williara, cerierar wanager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)68	2-5578)3/20/201
TYPED OR PRINTED	anomaton, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 $^{^{\}star}$ O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>= 3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

02/28/2017

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Quarterly	COMP24
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

02/01/2017

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Matthew Drews	TELEP	HONE	DATE
Sorey Williams, General Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)68	2-5578)3/20/201
TYPED OR PRINTED	anomator, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	TORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	10.2	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.3	****	7.57	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.5	22	lb/d	*****	9.75	39	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	178	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.3307	1.3113	lb/d	*****	52	181	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0012	.0049	lb/d	*****	0	.7	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1572	.3246	lb/d	*****	78	237	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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Corey Millard/ General Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)68	2-5578)3/20/201
TYPED OR PRINTED	and matter, melecting the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0415	.0913	lb/d	****	11	18.3	ug/L		Weekly	COMP24
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.014	2.5	cfs	****	****	****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	****	*****	2	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

(208)682-5578

AREA Code

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

)3/20/201

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	MONITORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	4.93	tox chronic		Quarterly	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	313	1044	cfs	****	*****	*****	*****		Daily	RCDFLO
74076 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

certify under penalty of law that this document and all attachments were prepared under my

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person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)682-5578

AREA Code

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)3/20/201

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT				*****						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT				*****						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT				*****						
01114 1 0	PERMIT	.39	.81	lb/d	*****	27 MO AVG	58	ug/L		Weekly	COMP24

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NUMBER

AREA Code

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 O 0 Gee Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 P 0 Gee Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 R 0 Gee Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT				****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRE
. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****					
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT				****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MONIT	ORING PERIOD				
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****	*****	****					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT				****						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT				*****						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT				*****						
01114 1 0	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

^{*} O<48 cfs, P>=48 to <109 cfs, Q>= 109 to <379 cfs, R>=379 to <649 cfs, S>=649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ND G MM/DD/YYYY 03/01/2017

ID0000027

002-A DISCHARGE NUMBER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****					
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT				****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	TORING PERIOD
MM/DD/WW/	
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Femperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
H	SAMPLE MEASUREMENT	****	****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT				*****						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT				****						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
_ead, total recoverable	SAMPLE MEASUREMENT				****						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Copper, total recoverable	SAMPLE MEASUREMENT				****							
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT				****							
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT				****							
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT				****							
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT				****							
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRD	
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB	

	Conception of the content of the con		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID00	00027	001-A				
PERMIT	NUMBER	DISCHARGE NUMBER				
$\overline{}$	MONUTO	DINC PEDIOD				
	MONTO	ORING PERIOD				
MM/I	DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING			Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Легсигу, total [as Hg]	SAMPLE MEASUREMENT				*****						
11900 O 0 Gee Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 Gee Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 Q 0 Gee Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 R 0 Gee Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
low	SAMPLE MEASUREMENT				*****	****	****	*****			
74076 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLC
Chromium, hexavalent tot ecoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
78247 1 0	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	personnel properly gather and evaluate the information submitted. Based on my inquiry of the				
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,		ı		
	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and makery more and the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
NAONUT.	001110 050100				
MONT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT				*****						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT				****						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT				*****						
01114 1 0	PERMIT	.24	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** TYPED OR PRINTED

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NUMBER

AREA Code

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	*****	****	****					
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty or law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPH	HONE .	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	antoniador, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

^{*} O < 48 cfs, P > = 48 to < 109 cfs, Q > = 109 to < 379 cfs, R > = 379 to < 649 cfs, S > = 649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027		002-A				
PERMIT NUMBE	R	DISCHARGE NUMBER				
MC	NITORIN	NG PERIOD				
MM/DD/YYY	Υ	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT				*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O<48 cfs, P>=48 to <109 cfs, Q>= 109 to <379 cfs, R>=379 to <649 cfs, S>=649 cfs